

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

**24586**

**1. PLACE OF DEATH**

County.....

Registration District No. **781**

Township.....

Primary Registration District No. **1003**

City **St. Louis**

(No. **5207**, **Ridge ave.**)

File No. ....

Registered No. **5973**

St. .... Ward)

**2. FULL NAME**

(a) Residence, No. **5207 Ridge ave** St. **6** Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred **30 yrs.** mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <b>Male</b>	4. COLOR OR RACE <b>white</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>married</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>Bridget Hackett</b>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>Dec 23 - 1887</b>		
7. AGE <b>50</b>	YEARS <b>6</b>	MONTHS <b>12</b>
		DAYS <b>12</b>
		If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <b>Laborer</b>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <b>Water Dept. City of St. Louis</b>
	10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....	

MOTHER FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Ireland</b>
	13. NAME <b>Patrick J. Hackett</b>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Ireland</b>
	15. MAIDEN NAME <b>Margaret Hayes</b>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Ireland</b>

17. INFORMANT (ADDRESS) <b>Bridget Hackett 5207 Ridge ave.</b>
18. BURIAL, CREMATION, OR REMOVAL PLACE <b>Calvary Cemetery</b> DATE <b>July 8, 1933</b>
19. UNDERTAKER (ADDRESS) <b>Callinane Bros. 1710 N. Grand Blvd.</b>
20. FILED <b>JUL - 7 - 1933 J. F. Bredeck</b>

Registrar.

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 5, 1933**  
 22. I HEREBY CERTIFY, That I attended deceased from **June 13, 1933**, to **July 5, 1933**  
 I last saw him alive on **June 29, 1933** Death is said to have occurred on the date stated above, at **7:05 p.m.**

The principal cause of death and related causes of importance were as follows:

**Chronic Myocarditis** Date of onset

**duration about 2 1/2 yrs**

**131 933**

**131**

Other contributory causes of importance:

**Chronic Interstitial Nephritis**

Name of operation..... Date of.....

What test confirmed diagnosis? **Lab.** Was there an autopsy? **No**

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? **No**

If so, specify.....

(Signed) **L. O. Herchheimer**, M. D.

(Address) **1214 N. 1st St. St. Louis**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Metropolitan Bldg.